Name in Full Jno. H. Berry

Certificate of Death

Died at Town Conowingo County Cecil MARYLAND

Date 1899 Month 5 Day 24 Age Y. 19 M. D. Native of U.S. Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ or ~~Wife~~ 22 f

Father's Name Jno. H. Berry Mother's Name Caroline Berry

Cause of Death Primary Acute Miliary Tuberculosis How long sick 5 wks.

Immediate Asthenia Accident, Suicide, Homicide

Reported by S M Rogan M.D.

Address Conowingo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full

Certificate of Death

Chas Bailey

Town / County

Died at near Iron Hill / Cecil MARYLAND

Date 189 9 | Month May | Day 21 | Age Y. 23 M. D. | Native of Maryland | Occupation Laborer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ / ~~Widow~~ Widower / ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name John Bailey, dec'd

Mother's Name 22a

Cause of Death: Primary — Phthisis Pulmonalis — How long sick 1 yr

Immediate

Accident, Suicide, Homicide

Reported by Walt. L. Story M.D.

Address Newark Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Commodore Dewey Brooks

Certificate of Death

Died at: near Earlville (Town) Cecil (County) MARYLAND

Date 1899 Month 5 Day 13 | Age Y. 1 M. 7 D. | Native of Cecil Co. | Occupation —

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~ 2

~~Husband~~ ~~of~~ Wife

Father's Name: Robert Brooks

Mother's Name: Caroline Freeman

Cause of Death: Primary Pneumonia 72 of lung

Immediate Exhaustion from consolidation

How long sick: 4 days

Accident, Suicide, Homicide

Reported by: E. H. Hardcastle

Address: Cecilton Cecil Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

# Mrs. Eliza Buchanan

Certificate of Death

Died at Elkton (Town) Cecil (County) MARYLAND

Date 189 9 Month 5 Day 7 | Age Y. 85 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Lewis T. Buchanan

Father's Name Thos. Morgan Mother's Name

Cause of Death: Primary Heart Failure 15 5 b | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Cr. News 5-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78848

Name In Full Mrs. Rachel Clay Poole

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 189 9 Month 5 Day 7 Age 84 Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name 42

Cause of Death: Primary Paralysis — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil D. Thuy

Address [redacted] May 20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-08

Name in Full: George Ferguson

Certificate of Death: Insane Asylum

Died at: Town: Insane Asylum — County: Cecil — MARYLAND

Date 1899: Month: April — Day: 2 — Age: Y. 84 M. D. — Native of: — Occupation:

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: 5

Husband of Wife:

Father's Name: — Mother's Name: 141

Cause of Death: Primary: General Debility — Immediate:

How long sick: 7 years

~~Accident, Suicide, Homicide~~

Reported by: B Houseleyer

Address: Nc Ern

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full

Certificate of Death

Miss Laberta Bell Fox

Died at Town Richard Mere County Cecil MARYLAND

Date 1899. Month May Day 12 | Age Y. M. D. | Native of | Occupation Child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —— 256

Father's Name Charley W Fox

Mother's Name Josephine Fox

Cause of Death: Primary Tuberculous Meningitis — How long sick 9 days

Immediate Exhaustion in deep Coma. — ~~Accident, Suicide, Homicide~~

Reported by E. S. Rowland

Address Liberty Grove Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5868

Name In Full

Certificate of Death

Mrs. Wm. Harris

Died at Town: Port Deposit County: Cecil MARYLAND

Date 189 9 Month: 8 Day: 15

Age Y. M. D.

Native of

Occupation

Male / ~~Female~~

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death — Primary: Consumption

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Port Deposit Press 5-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79813

Rev. R. S Mowbray

Hopewell Cemetery.

Name in Full Mrs Maria Hays

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 1899 Month 5 Day 21 | Age Y. 72 M. D. | Native of Maryland | Occupation Spinster

Male / Female — White / Colored — Married / Single / Widow / Widower / Divorced — Number of children living

Husband of

Wife

Father's Name unknown

Mother's Name unknown

Cause of Death — Primary: apoplectic seizure

Immediate: paralysis —

How long sick

Accident, Suicide, Homicide

Reported by Dr H Adams

Address Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jacob F. Hilaman

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 1899 Month 5 Dey 5 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 11

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Whig 5-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Wm. Evans Jackson, Sr.

Died at Town: Penyville | County: Cecil | MARYLAND

Date 1899 — Month 5 — Day 6 | Age Y. 63 M. — D. — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ X | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of Wife X

Father's Name Henry Jackson | Mother's Name X

Cause of Death: Primary Apoplexy 4 2 | How long sick 4 yrs since first attack.

Immediate Progressive Cardiac Asthenia | ~~Accident, Suicide, Homicide~~

Reported by L. G. Taylor

Address Penyville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full

Certificate of Death

# Caroline Thomas Keene

Died at Town: Chesapeake City — County: Cecil — MARYLAND

Date 1899. Month: May Day: 16 | Age Y.: 81. M.: 2. D.: 18 | Native of: Md | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: One

~~Husband of~~ Wife: of John Young Keene

Father's Name: William Potter | Mother's Name: Ann Webb Richardson

Cause of Death — Primary: Malaria for several years — How long sick:

Immediate: General debility 141 — ~~Accident Suicide Homicide~~

Reported by: Dr J. E. Wallace

Address: Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70806

Name in Full John Kelley

Certificate of Death

Died at Town Woodlawn County Beal MARYLAND

Date 1899 Month 5 Day 11 Age Y. 68 M. D. Native of U S Occupation Labor

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel Kelley

Mother's Name Sarah Kelley

Cause of Death Primary Inflamation Stomach

Immediate 81

How long sick

Accident, Suicide, Homicide

Reported by J T Brown M D

Address Woodlawn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

James Linton

Died at Town near Woodlawn County Cecil MARYLAND

Date 189 9 Month 5 Day 24 Age Y. M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

22a

Cause of Death: Primary Consumption — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Phig

Address 5-27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full Gracie McLaine

Certificate of Death

Died at Town Rowlandville County Cecil MARYLAND

Date 1899 Month 5 Day 24 Age Y. M. D. 5 Native of Cecil Co Occupation infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Stephen McLaine

Mother's Name Martha McLaine

Cause of Death Primary 161 How long sick ~~tt~~

Immediate Unknown / Found dead in bed Accident, Suicide, Homicide

Reported by S. Rowman Physician - after its death

Address Conowingo Md No post Mortem

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Mahan

Certificate of Death

Died at Town R. Sun County Cecil MARYLAND

Date 1899 Month May Day 3 | Age Y. 58 M. D. | Native of Md. Occupation Shoemaker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Sophia Johns

Father's Name Peese Mahan Mother's Name

Cause of Death: Primary Spinal Meningitis How long sick 4 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by C. E. Turner M.D.

Address R. Sun, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Mann

Certificate of Death

Died near Town Rising Sun County Cecil MARYLAND

Date 189 9 Month 5 Day 23 | Age 80 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Co. Press

Address 5-31-99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

# Miss Francis Morris

Certificate of Death

Died at Town: Zion  County: Cecil  MARYLAND

Date 189 9  Month: May  Day: 27  Age: Y. 60 M. D.  Native of  Occupation: Housework

~~Male~~ Female  White  ~~Colored~~  ~~Married~~ Single  ~~Widow~~ ~~Widower~~  ~~Divorced~~  Number of children living

Husband of Wife

Father's Name

Mother's Name 42

Cause of Death: Primary — Apoplexy

Immediate

How long sick 24 hours

~~Accident, Suicide, Homicide~~

Reported by B Hamilton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Neme In Full

Certificate of Death

Henry M. Patterson

Died at Town near Blythedale County Cecil MARYLAND

Date 1899 Month 5 Day 19 | Age Y. 72 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Married~~

Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. Hosp

Address [redacted] 5=24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full John. T. Pierce

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Date 1899 Month 5 Day 4 Age Y. 63 M. D. Native of U S Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife Catharine Pierce

Father's Name Wm H Pierce Mother's Name Sarah E Pierce

Cause of Death Primary Apoplexy 42 How long sick 4 hours

Immediate 1 Accident, Suicide, Homicide

Reported by R R Cuthes

Address Colora

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Eugene Price

Certificate of Death

Died at 5th Town Dist County Cecil MARYLAND

Date 189 9 Month 5 Dey 14 Age Y. 51 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Paralysis 42 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Whig

Address May 20

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Mary E Swisher

Certificate of Death

Died at Town Rowlandsville County Cecil MARYLAND

Date 1899 Month 5 Day 12 Age Y. 30 M. D. Native of U S Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of Wm P Swisher

Father's Name R Finley Rowland Mother's Name Hannah M Rowland

Cause of Death: Primary Pumped fever 119 How long sick 6 days

Immediate —

Accident, Suicide, Homicide

Reported by R R Anthony

Address Colora

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Norman Swisher

Certificate of Death

Died at Town Rowlandsville County Cecil MARYLAND

Date 1899 Month 5 Day 9 Age Y. — M. — D. 4 Native of U S Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name William P Swisher Mother's Name Mary E Swisher

Cause of Death Primary Inanition How long sick 2 Ans

Immediate 13 8 W Accident, Suicide, Homicide

Reported by N N Gilkes

Address Colora

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

# Laura Virginia Wallace

Certificate of Death

Died at Chesapeake City (Town) Cecil (County) MARYLAND

Date 189 9 Month May Day 5th | Age Y. 61 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Dr Joseph Wallace | Mother's Name Elizabeth Mary Wallace

Cause of Death: Primary 153 | How long sick Several years

Immediate General debility | Accident, Suicide, Homicide

Reported by Dr J. E. Wallace

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998